245 SYCAMORE STREET
SAUK CITY 53583

SAUK CITY 53583 Phone: (608) 643-3383		Ownershi p:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	112	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	112	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	111	Average Daily Census:	105

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 9	Under 65	4. 5	More Than 4 Years	22. 5
Day Services	No	Mental Illness (Org./Psy)	22. 5	65 - 74	7. 2		
Respite Care	No	Mental Illness (Other)	0. 9	75 - 84	36. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42. 3	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	3. 6	95 & 0ver	9.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	1. 8	ĺ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	9. 9		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 4	65 & 0ver	95. 5		
Transportati on	No	Cerebrovascul ar	9. 0			RNs	9. 2
Referral Service	No	Di abetes	4. 5	Sex	%	LPNs	4. 3
Other Services	Yes	Respiratory	8. 1		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	24. 3	Male	32.4	Aides, & Orderlies	39. 6
Mentally Ill	No			Female	67.6		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No			İ	100.0		
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## Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther		]	Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	10. 0	321	1	1. 4	122	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	1. 8
Skilled Care	9	90. 0	333	68	97. 1	104	0	0.0	0	31	100.0	153	0	0.0	0	0	0.0	0	108	97. 3
Intermedi ate				1	1.4	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		70	100.0		0	0.0		31	100.0		0	0.0		0	0.0		111	100. 0

MAPLEWOOD OF SAUK PRAIRIE

Admissions, Discharges, and Deaths During Reporting Period	1	Percent Distribution	of Kesidents'	Condition	s, Services, a	and Activities as of 12	/31/01 
zonomo zuring neporerng rerrou	="	<u> </u>		% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	3. 4	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	1. 1	Bathi ng	0.0		36. 0	64. 0	111
Other Nursing Homes	5.6	Dressi ng	18. 0		57. 7	24. 3	111
Acute Care Hospitals	84. 3	Transferring	39. 6		37. 8	22. 5	111
Psych. HospMR/DD Facilities	0.0	Toilet Use	34. 2		53. 2	12. 6	111
Reĥabilitation Hospitals	0.0	Eati ng	59. 5		31. 5	9. 0	111
Other Locations	5.6	**************	**********	******	*********	********	******
Total Number of Admissions	89	Conti nence		% S	pecial Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9. 9	Receiving Res	spi ratory Care	18. 9
Private Home/No Home Health	16. 3	Occ/Freq. Incontinen		35. 1	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	22. 5	Occ/Freq. Incontinen	t of Bowel	24. 3	Receiving Suc	cti oni ng	0. 9
Other Nursing Homes	6. 3	<u> </u>			Receiving Ost	comy Care	2. 7
Acute Care Hospitals	7. 5	Mobility			Receiving Tub	oe Feedi ng	2. 7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	16. 2	Receiving Med	chanically Altered Diets	18. 9
Reĥabilitation Hospitals	0.0	i İ			J	ÿ	
Other Locations	15.0	Skin Care		0	ther Resident	Characteri sti cs	
Deaths	32. 5	With Pressure Sores		2. 7	Have Advance	Di recti ves	100. 0
Total Number of Discharges		With Rashes		7. 2 M	edi cati ons		
(Including Deaths)	80				Receiving Psy	choactive Drugs	<b>58</b> . <b>6</b>

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	86. 1	82. 5	1. 04	84. 1	1. 02	85. 8	1.00	84. 6	1. 02
Current Residents from In-County	85. 6	74. 3	1. 15	79. 3	1. 08	69. 4	1. 23	77. 0	1. 11
Admissions from In-County, Still Residing	40. 4	19.8	2.04	25. 5	1. 58	23. 1	1. 75	20. 8	1. 94
Admissions/Average Daily Census	84. 8	148. 2	0. 57	110. 2	0. 77	105. 6	0.80	128. 9	0. 66
Discharges/Average Daily Census	76. 2	146.6	0. 52	110. 6	0. 69	105. 9	0.72	130. 0	0. 59
Discharges To Private Residence/Average Daily Census	29. 5	<b>58</b> . 2	0. 51	41. 2	0. 72	38. 5	0.77	<b>52. 8</b>	0. 56
Residents Receiving Skilled Care	99. 1	92.6	1.07	93.8	1.06	89. 9	1. 10	<b>85</b> . 3	1. 16
Residents Aged 65 and Older	95. 5	95. 1	1.00	94. 1	1. 02	93. 3	1.02	87. 5	1.09
Title 19 (Medicaid) Funded Residents	63. 1	66. 0	0. 96	66. 9	0. 94	69. 9	0. 90	68. 7	0. 92
Private Pay Funded Residents	27. 9	22. 2	1. 26	23. 1	1. 21	22. 2	1. 26	22. 0	1. 27
Developmentally Disabled Residents	0. 9	0.8	1. 20	0.6	1.40	0.8	1. 20	7. 6	0. 12
Mentally Ill Residents	23. 4	31.4	0. 75	38. 7	0. 61	38. 5	0.61	33. 8	0. 69
General Medical Service Residents	24. 3	23.8	1.02	21.8	1. 12	21. 2	1. 15	19. 4	1. 25
Impaired ADL (Mean)	48. 3	46. 9	1.03	48. 4	1.00	46. 4	1. 04	49. 3	0. 98
Psychological Problems	<b>58.</b> 6	47. 2	1. 24	51. 9	1. 13	<b>52. 6</b>	1. 11	51. 9	1. 13
Nursing Care Required (Mean)	6. 8	6. 7	1. 01	7. 5	0. 90	7.4	0. 91	7. 3	0. 92